

# GREATER LONDON AUTHORITY

## REQUEST FOR MAYORAL DECISION – MD1551

### Title: London Obesity Programme

#### Executive Summary:

The Mayor's London Obesity Programme, originally funded for three years in 2013 (MD 1151), represents the Mayor's contribution to a whole-system approach to reducing obesity in the capital. The programme includes the Mayor's Healthy Schools London (HSL) programme as well as specialist public health input into pan-London transport and spatial planning strategies. This paper sets out a proposal to underwrite the London Obesity Programme for a further year, through the 2016-17 financial year.

#### Decision:

The Mayor approves expenditure of up to £430,000 to deliver the London Obesity Programme to March 2017, with appropriate break clauses as expenditure covers the next Mayoral term, as follows:

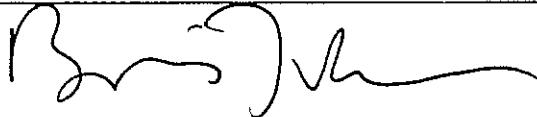
- Up to £180,000 to extend the London Obesity Healthy Schools London programme for a further year (composed of up to £150,000 GLA underwriting plus receipt of external sponsorship)..
- £250,000 for the Healthier Environment transport and planning workstreams.

#### Mayor of London

I confirm that I do not have any disclosable pecuniary interests in the proposed decision, and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

Signature:



Date:

24.9.2015

## **PART I - NON-CONFIDENTIAL FACTS AND ADVICE TO THE MAYOR**

### **Decision required – supporting report**

#### **1. Introduction and background**

- 1.1 Obesity reduces life-expectancy by an average of 13 years (the same as smoking). Approximately a third of London's 10/11 year olds are obese and 51% of London's adults are obese.<sup>1</sup> Obesity is linked to deprivation and is a significant driver of health inequalities.
- 1.2 Obesity takes people out of the labour market with significant costs due to loss of productivity from sickness absence and early disability. It is estimated that 26,500 Londoners claim disability living allowance as a result of obesity and diet related health issues, and the total cost of obesity to London's economy is around £2 billion annually. This is on top of £2.3 billion in annual costs to the NHS in London.
- 1.3 The Mayor's London Obesity Programme, originally funded for three years in 2013 (MD 1151), represents the Mayor's contribution to a whole-system approach to reducing obesity in the capital. The London Obesity Programme helps to ensure London's future workforce is fit to work by delivering the HSL programme. It also works to deliver a healthier environment in London by leveraging the Mayor's relationship with TfL and responsibility for pan-London transport and spatial planning strategies to maximise their considerable potential to improve health. This paper sets out a proposal to underwrite the London Obesity Programme for a further year, through the 2016-17 financial year.
- 1.4 Over the first three years of the London Obesity Programme, it has attracted over two million pounds in external investment, thus ensuring excellent value for money. This has included:
- £350k direct investment from Public Health England (PHE)
  - £151k direct investment from TfL to part fund a specialist post
  - £90k matched funding by the NIHR CLAHRC North Thames for an evaluation of HSL.
  - An estimated £600k per annum investment from Local Authorities for the borough-level aspects of the HSL programme.
- 1.5 For the proposed FY 2016/17, the expected cost of the London Obesity Programme, and the Healthier Environment workstreams would amount to £250k. External contribution has already been secured to maintain the transport and planning workstreams. This has been made possible by allocating £250k of PHE's direct investment to fund the programme's FY 2014/15 and then rolling that year's IPB money forward to 2016/17. This means that only the HSL programme portion of the Obesity Programme will require internal investment, estimated at £180k. Additional external funding is being explored through sponsorship opportunities in order to further reduce this request.
- 1.6 Ensuring the continued delivery of the London Obesity Programme will:
- Support the fitness of the future workforce by delivering a HSL programme to London pupils

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<sup>1</sup> Overweight and obesity are determined by Body Mass Index, which is a measurement of a person's weight in kilograms divided by the square of his height in meters (kg/m<sup>2</sup>). Per the World Health Organisation, overweight is defined amongst adults as a BMI greater than or equal to 25 while obesity is defined as a BMI greater than or equal to 30.

Because children's body composition varies as they age and varies between boys and girls, a child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults. Per the National Child Measurement Programme:

- Overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex in the 1990 reference population.
- Obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex in the 1990 reference population.

- Protect the current workforce by promoting a healthier environment for Londoners, ensuring that pan-London transport and spatial planning strategies maximise their considerable potential to improve health.

## **Healthy Schools London**

- 1.7 The HSL programme is an awards scheme that represents a London-wide initiative to addressing obesity through prevention and early intervention. The programme incentivises London schools to adopt a whole-school approach to improving health and provides them with a framework for their activity with pupils, staff and the wider community. Since the programme first launched in April 2013, it has gained investment from 30 boroughs, which have invested staff and money in the borough-level delivery elements of the programme. It has gained the engagement of more than 60% of London schools. Over 500 London schools have earned a Bronze Award and more than 100 of these schools have progressed to Silver.

## **Healthier Environment**

- 1.8 The London Obesity Programme also funds posts for strategic public health specialist input into TfL and London spatial planning. This has enabled Public Health Specialists to influence transport policies in order to improve health through, for example, increasing active travel and improving air quality. It also contributes to the Mayor's strategic targets for increasing the proportion of journeys undertaken by cycling or walking, to his approach to air quality and to reducing health inequalities. The Programme assists the Mayor to undertake his commitments in his response to the London Health Commission.
- 1.9 Continuation of the planning and transport aspects of this programme is essential to enabling Londoners to undertake sufficient physical activity to protect their health. Londoners who routinely use active travel or public transport are far more likely to engage in sufficient physical activity to protect their health than those who do not. Locally provided leisure services are thought to provide less than 5% of Londoners physical activity needs. Most Londoners get their activity from walking, largely for transport reasons (utilitarian rather than leisure). The GLA's involvement in this work is vital as only the Mayor and TfL have the powers to influence 'active travel' on a pan-London basis through investment, strategies and relationships with London boroughs.

## **2. Objectives and expected outcomes**

### **Healthy Schools London**

- 2.1 The HSL programme aims to contribute to reducing levels of childhood overweight obesity in London from current levels of 37% of 10-11 year olds to 25% of 10-11 year olds by 2025.
- 2.2 The HSL programme is based on a proven methodology by which schools can become healthier places for children to spend time. This means:
- The food available in school becomes healthier and more attractive
  - Children learn more about healthy eating and where food comes from
  - Children have more opportunities to be active at school (e.g., by increasing active play), and on the way to school (e.g., by cycling to school).
  - Children take this knowledge home to their families and siblings
  - Inactive school children (and their parents) are made active through increased PE and increase walking and cycling to schools
  - Schools foster holistic health to better support healthy weight
- 2.3 The HSL programme provides a practical toolset for schools to take action, it minimises the barriers for schools to do so, and provides a set of common tools to help schools identify and deliver improvements.

- 2.4 By linking the programme to awards sponsored by the Mayor, the programme is more attractive to schools, governors and parents – securing greater involvement and more widespread action. In addition having a London-wide programme has encouraged boroughs to invest additional resource to enable the programme’s effectiveness locally.
- 2.5 The HSL programme has become the focus of the Flagship Food Boroughs and also the East London obesity programme in what were the six host boroughs - with targets of supporting all schools to sign up.

### **Healthier Environment**

- 2.6 The London Obesity Programme supports a healthier environment for Londoners through the integration of public health in pan-London transport and spatial planning strategies
- 2.7 Increasing walking and cycling improves health, reduces inequalities, reduces sick leave and takes pressure off the transport infrastructure. Londoners who routinely use active travel (walking and cycling) reduce their risk of obesity, cancer, heart disease, diabetes and poor mental health.
- 2.8 The programme provides specialist resource to enable delivery of the following:
- Influencing planning guidance to enable boroughs to make health enhancing planning decisions.
  - Ensuring that plans from developers make the most of their potential to improve the health of Londoners – by providing expert public health advice and scrutiny of major planning applications.
  - Working closely with TfL, using public health expertise to ensure that TfL’s strategies and investments explicitly support Londoners to be more physically active.
  - Working with the environment team to ensure that the delivery of the Mayor’s commitment on Air Quality explicitly supports health outcomes of Londoners – by offering public health advice to delivery partners and working as a conduit to the borough based teams.
  - Tracking of London’s data on active travel levels against comparators from other World Cities.

### **3. Equality comments**

- 3.1 A Health Inequalities Impact Assessment (HIIA) was conducted in March of 2013, prior to HSL’s launch, to consider the impact of the programme on disadvantaged groups, who already suffer poorer health. The HIIA informed delivery of the HSL programme in order to minimise the risk of any potential negative impacts on disadvantaged groups.
- 3.2 More recently, a health inequalities mapping and participation analysis was conducted by the GLA Health Team to determine if the programme was having a positive effect on health inequalities. The analysis determined that London schools which have achieved the HSL Bronze award have a higher proportion of deprived pupils compared to schools which are not involved with the programme.
- 3.3 On average, schools that have achieved the Healthy Schools London Bronze award have 26% more pupils who are eligible for free school meals, looked after or are children of service personnel.
- 3.4 The work around planning has focused around the health impact of social infrastructure. Further Alterations to the London Plan, which lay out formal changes to the Mayor’s spatial development strategy, make specific reference to Health Inequalities and the importance around planning. The Social Infrastructure SPG also makes specific reference to health inequalities and what impacts on good, and poor health. The Health Impact Assessment links will direct the reader to Health Impact Assessments where health inequalities are an implicit part of the process.

#### 4. Other considerations

##### a) Key Risks and Issues

Key risks associated with both the continuation and termination of the project are listed below.

Risk description and potential impact	Assessment	Mitigation / Risk Response
<p><b>Reputational risk to GLA and Mayor should this project be discontinued.</b></p> <p>Londoners, boroughs and delivery partners look to the Mayor to provide leadership and action on this issue. The existing HSL programme was also directly referenced in the London Health Commission report and in the next steps of the Mayor's response. Terminating this programme would constitute a reputational risk as it could be perceived as 'abandoning' the city's young people.</p>	<p>Impact: High</p> <p>Likelihood: High</p>	<p>Delivery of the work as set out in this proposal</p> <p>A high level of visibility will be maintained in particular by promotion of the programme to boroughs, schools, parents and the London media.</p>
<p><b>Without a viable obesity initiative, rising rates will lead to an increased health and economic burden on the city</b></p> <p>Costs to London's wider economy of overweight and obesity is currently £2bn annually. Current costs to London's NHS system equal a further £2.3bn annually.</p> <p>An estimated 26,500 people are claimants of disability living allowance and unable to work because of obesity and diet related health conditions.</p>	<p>Impact: High</p> <p>Likelihood: High</p>	<p>The HSL programme seeks to ensure the future working population is fit to work.</p> <p>The programme supports the Mayor's leadership role within London's public health system to generate commitment and activity from partners.</p>
<p><b>Ongoing HSL evaluation fails to demonstrate positive impact on childhood obesity rates.</b></p> <p>Obesity is caused by a complex combination of factors that need a complex combination of work, by all agencies, to tackle. Due to this complexity, the ability to directly</p>	<p>Impact: Low</p> <p>Likelihood: High</p>	<p>The whole school approach used by the HSL programme is widely regarded by public health experts as the most effective strategy available to the Mayor for tackling obesity. Whether obesity rises or falls, the Mayor will be regarded as taking the best course of action.</p> <p>The HSL evaluators recognize the difficulty</p>

<p>link particular investment / actions to a single outcome is difficult.</p>		<p>inherent in evaluating clinical impact in this environment and are adapting their work to focus on qualitative evaluation of more measurable health behaviours as well as analysing the value added by the HSL core team.</p>
<p><b>Disinvestment on a borough level leads to an unsupported programme.</b></p> <p>The HSL programme represents a co-ordinated approach to improving health in schools. As such, it relies on a level of borough investment in order to successfully maintain engagement with schools. Investment to date has been very successful (an estimated £600k), but will require ongoing support from boroughs.</p>	<p>Impact: Medium Likelihood: Low</p>	<p>The HSL core team is working closely with borough leaders, Directors of Public Health and related organisations to make the case for continuing investment.</p> <p>Results of the HSL evaluation's literature analysis to be communicated to boroughs to support investment.</p>
<p><b>Surface transport teams refuse to consider the health impacts of their policies/ interventions.</b></p> <p>Public health specialist input into transport teams within TfL and boroughs relies on the engagement of those teams to consider and accept the input and to adopt health considerations into their work. To date, engagement has been very successful.</p>	<p>Impact: High Likelihood: Low</p>	<p>Ongoing engagement with relevant teams to raise awareness of the health impacts of London transport schemes. Provision of training for London Transport and Public Health Professionals on the application of tools to monetise the health benefits of these transport schemes so that the health benefits can be included in transport business cases.</p>
<p><b>TfL continuing secondment arrangements with the GLA.</b></p> <p>Posts for the transport aspect of the Healthier Environment workstream is part funded by a secondment arrangement with TfL, which concludes in March 2016. This proposal assumes that this arrangement will not be renewed. If TfL decides to continue part investment in the work, it will enable to the post to continue for a longer period.</p>	<p>Impact: High Likelihood: Low</p>	<p>The Health Team will be proactively engaging with TfL to emphasise the value of this joint arrangement and maximise the likelihood that the secondment will continue in the future.</p> <p>For the purposes of risk mitigation, this proposal assumes that TfL will not continue investing in public health specialist input. With the ongoing success of the secondment this is thought to be unlikely.</p>

## b) Links to Mayoral strategies and priorities

This work contributes to the delivery of:

- The Mayor's statutory responsibility to have regard for health and health inequalities
- Support a range of priorities in relation to education, sport, culture, and volunteering
- The work of the London Health Board, the recommendations of the London Health Commission and the Mayor's response to the LHC.
- The London Plan
- The Mayors Transport Strategy
- The TfL Roads Strategy
- London Flagship Food Boroughs

### **c) Impact assessments and consultations.**

- 4.1 The HSL programme was developed with extensive stakeholder consultation, involving boroughs' public health and education teams; teachers, head teachers, GLA colleagues and national government. This consultation work shaped the delivery model and helped to establish the necessary delivery networks. Stakeholder consultation continues to be an integral part of the programme's delivery.
- 4.2 A Health Inequalities Impact Assessment (HIIA) was conducted in March of 2013, prior to HSL's launch, to consider the impact of the programme on disadvantaged groups, who already suffer poorer health. The HIIA informed delivery of the HSL programme in order to minimise the risk of any potential negative impacts on disadvantaged groups.
- 4.3 More recently, a health inequalities mapping and participation analysis was conducted by the GLA Health Team to determine if the programme was having a positive effect on health inequalities. The analysis determined that London schools which have achieved the HSL Bronze award have a higher proportion of deprived pupils compared to schools which are not involved with the programme. On average, schools that have achieved the Healthy Schools London Bronze award have 26% more pupils who are eligible for free school meals, looked after or children of service personnel.
- 4.4 The current HSL evaluation includes a process evaluation component, which will analyse the current HSL delivery structure and make recommendations for its improvement.
- 4.5 The work around The Further Alterations to the London Plan has been subject to external consultation prior to examination in public by Mr Anthony Thickett BA Hons BTP MRTPI Dip RSA, an independent Inspector appointed by The Secretary of State. The work on the Supplementary Planning Guidance (SPG) for Social Infrastructure was developed with the support of two workshops involving planners and public health specialists from 31 London Boroughs, as well as planners from TCPA, PHE and others interested in the work. The draft SPG was then subject to a public consultation before being published in March 2015.

## 5. Financial comments

5.1 In April 2015, the Investment Programme Board approved the extension of the London Obesity Programme to the 2016-17 financial-year. The proposed extension would allow further work on both the Healthy Schools and Healthier Environment work streams of the programme (including staffing resource) at an estimated cost of up to £430,000 divided per work stream as follows:

- Healthy Schools - £180,000
- Healthier Environment - £250,000

5.2 With regards to funding; as detailed within the main body of this report, funding totalling £250,000 was secured from Public Health England to part fund the Obesity Programme in 2014-15. Consequently, IPB approved the re-profiling of GLA budget provision of £250,000 that was originally allocated to 2014-15 and approved by MD1151 to 2016-17, in order to extend the programme. This is in addition to the £150,000 that was allocated to the Obesity Programme in 2016-17 as part of the 2015-16 GLA budget process. It is proposed that the balance of £30,000 will be funded by income from project partners by way of either sponsorship income and / or grant funding that is currently being sought.

5.3 Any income secured over and above the £30,000 noted above, will reduce the GLA's contribution towards the Obesity Programme in 2016-17. However, in the event that the balance of £30,000 is not secured, the programme will have to be reduced accordingly.

5.4 The Health Team within the Communities & Intelligence Directorate will be responsible for managing this programme of work and for ensuring all expenditure complies with the Authority's Financial Regulations, Contracts & Funding Code and Expenses & Benefits Framework.

## 6. Legal Comments

6.1 Sections 1 to 3 of this report indicate that:

6.1.1 the decisions requested of the Mayor (in accordance with the GLA's Contracts and Funding Code) fall within the GLA's statutory powers to do such things considered to further or which are facilitative of, conducive or incidental to the promotion of economic development and wealth creation, and the health of persons in Greater London; and

6.1.2 in formulating the proposals in respect of which a decision is sought officers have complied with the GLA's related statutory duties to:

- pay due regard to the principle that there should be equality of opportunity for all people (further details on equalities are set out in section 3 above) and to the duty under section 149 of the 2010 Act to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation as well as to advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not<sup>2</sup>;
- consider how the proposals will promote the improvement of health of persons, health inequalities between persons and to contribute towards the achievement of sustainable development in the United Kingdom; and

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<sup>2</sup> The protected characteristics and groups are: age, disability, gender reassignment, pregnancy and maternity, race, gender, religion or belief, sexual orientation and marriage/ civil partnership status.



- consult with appropriate bodies.

6.2 Any works or services required for the deliver of the programmes must be procured by Transport for London Procurement who will determine the detail of the procurement strategy to be adopted in accordance with the GLA's Contracts and Funding Code.

Officers must ensure that appropriate contract documentation is put in place and executed by the successful bidder(s) and the GLA before the commencement of the works or services.

6.3 Where any payments are to be made to third parties as grant funding, the GLA must ensure that the funding is distributed fairly, transparently, and in accordance with the GLA's equalities obligations. The GLA must also demonstrate value for money in the allocation of the funding and relevant funding agreements should be put in place between the GLA and the recipient before any payment is made.

## 7. Investment & Performance Board

This proposal was agreed in principle at the April 2015 IPB meeting.

## 8. Planned delivery approach and next steps

The London Obesity Programme began delivery in April 2013. As such, the infrastructure for delivery of the programme (ie. delivery partners, stakeholder networks, comms/engagement channels, etc) is already in place. The only relevant milestones for this funding proposal are delivery start and end dates.

	<b>Milestones, deliverables and promotional activity</b>	<b>GLA lead</b>	<b>Planned date</b>
<b>1</b>	Delivery Start Date (for this funding request)	Health Team	1 April 2016
<b>2</b>	Delivery End Date	Health Team	31 March 2017
<b>3</b>	Project Closure	Health Team	31 March 2017

**Appendices and supporting papers: None**

**Public access to information**

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FOI Act) and will be made available on the GLA website within one working day of approval.

If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary. **Note:** This form (Part 1) will either be published within one working day after approval or on the defer date.

**Part 1 Deferral:**

**Is the publication of Part 1 of this approval to be deferred? NO**

**Part 2 Confidentiality:** Only the facts or advice considered to be exempt from disclosure under the FOI Act should be in the separate Part 2 form, together with the legal rationale for non-publication.

**Is there a part 2 form – NO**

**ORIGINATING OFFICER DECLARATION:**

Drafting officer to confirm the following (✓)

**Drafting officer:**

David Beyt has drafted this report in accordance with GLA procedures and confirms the following have been consulted on the final decision.

✓

**Assistant Director/Head of Service:**

Amanda Coyle has reviewed the documentation and is satisfied for it to be referred to the Sponsoring Director for approval.

✓

**Sponsoring Director:**

Jeff Jacobs has reviewed the request and is satisfied it is correct and consistent with the Mayor's plans and priorities.

✓

**Mayoral Adviser:**

Sir Edward Lister has been consulted about the proposal and agrees the recommendations.

✓

**Advice:**

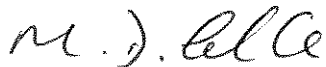
The Finance and Legal teams have commented on this proposal.

✓

**EXECUTIVE DIRECTOR, RESOURCES:**

I confirm that financial and legal implications have been appropriately considered in the preparation of this report.

Signature



Date

21.9.15

**CHIEF OF STAFF:**

I am satisfied that this is an appropriate request to be submitted to the Mayor

Signature



Date

23.09.2015